

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 03/07/2005		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 03/08/2005						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TWC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOXY MOUNTAINM H/DD/SAS	8505	5225	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	114	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	5346	5346	0
		11	7	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404904	WESTERN HIGHLAN DS LME	8599	1224	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	484	CLIENT NOT ELIGIBLE ON SERVICE DATE	51	2836	11808	8972
		167	385	NO CHARGE BILLED. ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM				
3404905	TREND COMM MENT AL HLTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404910	PATHWAYS	8505	827	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	266	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	12	1737	5436	3699
		11	247	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404912	CATAWBA COUNTYM ENTAL HEALT	8599	296	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	69	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	86	508	1943	1435
		11	51	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404913	MECKLENBURG COM ENTAL HEALT	11	3057	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	129	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	120	3527	5356	1829
		8329	118	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404916	CROSSROADS BEHA VIGORAL HEAL	8599	99	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	67	DUPLICATE OF CLAIM-SYSTEM	4	418	5952	5534
		10	63	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				

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3404917	CENTERPOINT HUM AN SERVICES	11	194	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	148	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	10	571	2514	1943
		21	103	DUPLICATE OF CLAIM-SYSTEM				
3404918	ROCKINGHAM CO M ENTAL HEALT	8599	97	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8935	32	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPFS.	37	216	1070	854
		11	32	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404919	GUILFORD CO MEN TAL HEALTHC	8599	444	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	118	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPFS.	164	983	9135	8152
		10	89	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404920	ALAMANCE CASWEL L AREA MH D	8505	1448	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	336	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	21	1990	3945	1955
		10	95	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404921	ORANGE PERSON C HATHAM AREA	5312	3410	PRIOR AUTHORIZED DOLLARS EXCEE DED				
		8800	2010	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	60	7963	10809	2846
		8505	1290	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404922	THE DURHAM CENT ER	8599	2232	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8517	990	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	15	4312	22742	18430
		143	301	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404923	VGFW AREA AUTHO RITY	5404	336	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
		21	155	DUPLICATE OF CLAIM-SYSTEM	0	641	3138	2497
		8599	87	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404925	SANDHILLS CENTE R FOR MH/DD	8505	1989	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	1462	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	155	6126	10759	4633
		11	1096	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404926	SOUTHEASTERN RE G MENTAL HL	11	3498	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	2418	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	94	7067	11266	4199
		8599	531	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M HC	8505	1316	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	250	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1998	6123	4125
		8800	121	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404929	LEE HARNETT MH/ DD/SAS	8599	51	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	42	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	190	4213	4023
		8329	41	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404930	JOHNSTON COUNTY MNTL HLTHC	8931	5	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	1	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	5	6	40	34
3404931	WAKE CO HUM SVC BILLING OF	11	826	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	563	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	77	1984	13983	11999
		21	159	DUPLICATE OF CLAIM-SYSTEM				
3404932	RANDOLPH/SANOHI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	419	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	76	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	39	724	5497	4773
		8599	50	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404934	ONslow COUNTY B EHAVIORAL H	8505	355	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	133	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	3	709	2021	1312
		21	47	DUPLICATE OF CLAIM-SYSTEM				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8505	355	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	111	DUPLICATE OF CLAIM-SYSTEM	46	619	2113	1494
		8599	35	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404937	EDGEcombe NASH MNTL HLTH C	21	514	DUPLICATE OF CLAIM-SYSTEM				
		8505	51	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	3	606	2410	1804
		191	18	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404938	VGFw DBA RIVERS TONE COUNSE	24	39	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI				
		23	8	SERVICE REQUIRES PRIOR APPROVA L	5	59	1525	1466
		5404	6	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404939	NEUSE MENTAL HE ALTH CENTER	11	124	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	35	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	208	1190	982
		167	15	NO CHARGE BILLED. ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM				
3404941	PITT CO MH/DD/S AS CENTER	8599	560	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8329	248	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	152	1472	8478	7006
		11	125	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404942	ROANOKE CHOWANNE UMAN SERVIC	21	83	DUPLICATE OF CLAIM-SYSTEM				
		8931	22	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IFRS.	34	173	2506	2333
		8599	21	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404943	ALBEMARLE MENTAL HEALTH CE	11	231	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		191	60	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME	53	474	3284	2810
		537	45	PROCEDURE IS NOT COVERED FOR THIS DATE OF SERVICE				
3404944	EASTPONTE HUMAN SERVICES	8599	158	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	142	CLAIM DENIED DUE TO INSUFFICIENT BUDGET	91	442	7908	7466
		8931	42	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
3404946	FOOTHILLS AREA MENTAL HEALTH	11	179	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	142	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	427	774	347
		8621	52	60 RESIDENTIAL LEVEL III TREATMENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404957	TIDELAND MENTAL HEALTH CTR	11	108	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	56	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	165	1389	1224
		191	1	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME				
3404979	NEW RIVER AREA H/DO/SA PRO	8505	1050	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8800	461	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	19	1726	2422	696
		8599	111	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				